



South Carolina Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

HENRY McMASTER

Governor

RAYMOND G. FARMER

Director

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

Service Contract Provider Initial Application Additional Questions

Company Name _____

Company License Number _____

1. Is there / Will there be a physical office in the State of South Carolina?
 - a. If yes, please provide a Certificate of Authority from the SC Secretary of State.

2. Indicate what type(s) of products are covered by the service contracts for which this company is the obligor.
 - ___ Vehicles
 - ___ Electronics
 - ___ Appliances
 - ___ Other (please specify)

3. No later than the 30th day after the date of a provider's initial registration, the provider must provide the Department with:
 - a. A list of Internet website addresses through which a consumer may purchase the provider's service contracts, if any.
 - b. A list of administrators appointed by this provider, if any. Include the administrators name, assumed name, street address, and telephone number.
 - c. A list of sellers of the provider's service contract, if any. Include the name, assumed name, street address, and telephone number.
You may exclude a seller that is an employee of the provider, or a business with a physical location in South Carolina, at which a consumer may purchase a service contract.
4. Attach a Service Contract Provider Biographical Affidavit for each controlling person of the Provider applying for registration. You may view and download the biographical affidavit from www.nipr.com.
A controlling person is defined as an individual who:
 - a. Possesses direct or indirect control of at least 25% of the voting securities of a corporation;

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.



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- b. Possesses the authority to set policy and direct the management of a business entity;
- c. Is the president, the secretary, or a director of a corporation; or
- d. Is a general partner of a partnership.

An individual who is a controlling person of a corporation or other business entity that is the general partner of a limited partnership is a controlling person of the limited partnership.

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Applicant under which this form is required.

Signature _____

Date _____

Name _____

Position _____

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Signature _____

My Commission Expires _____

County of _____

State of _____

(Notary Seal Affixed Here)

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.